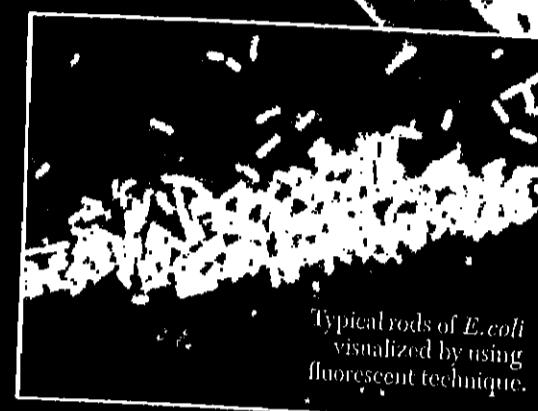


If the environment is right...



Typical rods of *E. coli* visualized by using fluorescent technique.

things can go wrong

and acute cystitis can result.

Urine can act as a culture medium for the growth of *E. coli* and other organisms.¹ When urine is contaminated, bacterial proliferation is influenced by several factors—rate of urine flow, frequency of voiding, volume of residual urine and antibacterial action of the bladder mucosa.² When the concentration of bacteria builds to a high enough level in the urine, acute cystitis usually develops.

Gantanol® (sulfamethoxazole) for early, decisive control

Early, aggressive therapy with Gantanol (sulfamethoxazole) may control acute, nonobstructed cystitis due to *E. coli* and other susceptible gram-negative and gram-positive organisms commonly implicated in urinary tract infections, and thus help prevent chronic or ascending infection.

rapid, long-lasting antibacterial levels

Peak therapeutic effectiveness starts within 2 to 3 hours of the initial 2-Gm adult dose. Each subsequent 1-Gm dose maintains therapeutic blood and urine levels up to 12 hours.

prompt clinical response

Significant symptomatic improvement of acute cystitis often occurs within 24 to 48 hours after the start of Gantanol therapy. In fact, symptoms may subside so rapidly that it is important to emphasize that patients continue medication until treatment is adequate. The usual precautions in sulfonamide therapy should be observed, including maintenance of adequate fluid intake.

your option: tablets or suspension

Gantanol comes in two b.i.d. dosage forms providing around-the-clock therapy—tablets or pleasant-tasting, cherry-flavored suspension. Either way, Gantanol is effective, convenient and economical therapy in non-obstructed urinary tract infections caused by susceptible organisms.

References: 1. Asscher, A. W., Sussman, M., and Weiser, R. *Urol. Dig.*, 7:402, 1968. 2. O'Grady, T., and Cattell, W. R. *Br. J. Urol.*, 58:156, 1966.

Before prescribing, please consult complete product information, a summary of which follows.

Indications: Effective in acute, recurrent or chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli*, *Klebsiella-Aerobacter*, *Staphylococcus aureus*, *Proteus mirabilis*, and, less frequently, *Proteus vulgaris*) and in the absence of obstructive uropathy or foreign bodies. Note: Carefully coordinate *in vitro* sulfonamide sensitivity tests with bacteriologic and clinical response. Add amobarbital acid to culture media of patients receiving sulfonamides. Resistant organisms present a current problem to the usefulness of antibacterial agents. Blood levels should be measured in patients receiving sulfonamides for serious infections, since there may be wide variations with identical doses; 20 mg/100 ml should be the maximum total sulfonamide level, as adverse reactions occur more frequently above this

Contraindications: Sulfonamide hypersensitivity; infants less than 2 months of age (except adjunctively with pyrimethamine in congenital toxoplasmosis); pregnancy at term and during nursing period.

Warnings: Safe use in pregnancy has not been established, and teratogenicity potential has not been thoroughly investigated. Sulfonamides will not eradicate or prevent sequelae to group A streptococcal infections, i.e., rheumatic fever, glomerulonephritis. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been reported; early clinical signs such as sore throat, fever, pallor, purpura or tenderness may indicate serious blood disorders. Complete blood counts and urinalysis with careful microscopic examination are recommended frequently during sulfonamide therapy. Clinical data are insufficient on prolonged or recurrent therapy in chronic renal diseases of children under 8 years.

Precautions: Use with caution in patients with impaired renal or hepatic function, severe allergy, brommal asthma and in glucose-6-phosphate dehydrogenase deficiency. Each tablet or teaspoonful (5 mL) suspension contains 0.5 Gm sulfamethoxazole.

ROCHE
Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

right for acute, nonobstructed cystitis
Gantanol® B.I.D.
(sulfamethoxazole)

Tablets/Suspension

12 hours of therapy with every dose

Medical Tribune

and Medical News

world news of medicine and its practice—fast, accurate, complete

Wednesday, March 1, 1972
Vol. 13, No. 9

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A Psychiatrist Is Successful In Home Visits

Medical Tribune Report

ATLANTA, GA.—An Atlanta psychiatrist reports that he has obtained "dramatic therapeutic results" by visiting or living in the homes of his patients—for a few hours or a few days—and he believes that other psychiatrists should consider making more home visits.

Dr. Alfred A. Messer has found that he can learn much more about a family, its pattern of living, and its methods of coping with stress by going into a patient's home than he can by interviewing the patient and members of his family in an office.

"I actually move in with some patients for periods ranging up to three days," Dr. Messer said. "This home-living, which I began about a year ago, is valuable both as a research tool and as a method of treatment. It has enabled me to learn a great deal about the lives of patients and to help them work out some of their problems."

A research psychiatrist at Northside Community Mental Health Center here, Dr. Messer has taught psychiatry at Emory University and Columbia University, and he is board-certified in psychoanalysis as well as in psychiatry. He is a visiting professor at the Medical College of Georgia.

Dr. Messer regards "home-living" by psychiatrists as a natural extension of the current medical trend toward "moving out of the plush office suites on the 12th floor of a modern building into communities where better health care is needed."

"Medicine today is moving into ghettos, remote neighborhoods, and rural areas," Dr. Messer pointed out. "This is part of a decentralization trend."

"Periodically, there's an outcry about doctors not wanting to make house calls. To me, it makes more sense for a psychiatrist to make house calls than for any other specialist. A patient with pneumonia needs treatment oriented primarily to his

Continued on page 16

Drug Agencies Are Asked For Study Approval Data

Medical Tribune Report

WASHINGTON—A Congressional subcommittee has called on the Bureau of Narcotics and Dangerous Drugs and on the Food and Drug Administration to make public how long it takes a scientist to get approval for a bona fide research project with a classified drug.

Voicing "concern" over charges by leading investigators that the BNDD's red tape has hampered research with psychotropic drugs and made it difficult to obtain needed compounds, Rep. Paul G. Rogers (D.-Fla.), chairman of the Subcommittee on Public Health and Environment, ordered the bureau to prepare "for the record" how it has gone about processing research applications. He called for a similar account from the FDA.

Mr. Rogers said at subcommittee hearings on drug abuse that the delays experienced by medical scientists appeared to be "getting a little out of hand." He told BNDD director John E. Ingberman

Continued on page 18

Vein Bypass Grafts

Certain Cases With Angina May Be Helped

Medical Tribune Report

CARMEL, CALIF.—Experience to date at the Stanford University School of Medicine suggests that there may be a group of patients with unstable angina who can benefit from saphenous vein bypass surgery despite the high surgical mortality, a meeting of the Western Society for Clinical Research was told here.

Early study and careful selection for surgery of individual patients with impending myocardial infarction is indicated, according to Drs. David S. Cannon, John S. Schroeder, Alfred P. Spivack, and Donald C. Harrison, of the school's cardiology division.

Substantial improvement or elimination of angina was experienced by 22 patients who underwent surgery and survived, but five others did not survive surgery, they reported. Follow-up data were not available for one other patient who survived.

The type of surgery performed varied considerably, but the majority of the patients had at least two saphenous vein grafts, and no patient had associated resection of ventricular muscle or valvular replacement.

There were no late surgical deaths and no immediate postoperative infarctions. After an average follow-up period of seven months, 18 patients were completely free of angina and had resumed their prehospitalization activities and four patients reported substantial subjective improvement in their exercise tolerance but were still experiencing occasional, if less frequent,

Continued on page 18

Medicoeconomics

Hospital Association Speeds Toward Health Leadership

Medical Tribune Report

WASHINGTON—The momentum appeared to be gathering rapidly at the annual meeting of the American Hospital Association here for the A.H.A. to become the leading spokesman in the nation's health care concern.

Implicit in this movement, although seldom stated, is a head-on confrontation for spokesmanship with the American Medical Association, which thinks of itself as representing "organized medicine."

Partly in an effort to become the main voice in health care, the A.H.A. is attempting to broaden the representation on its council and suggested that "experts and interested citizens" could well be admitted "to the highest policy-making levels, including the Board [of Trustees] itself."

One concrete expression of the broadening influence came in the first report from the A.H.A.'s new National Committee on Health. Its chairman, Nelson A. Cruikshank, who also is president of the

Continued on page 23

Penguins Broadcast Cardiovascular Data



Cardiovascular adjustments of penguins during exercise and other data have been gathered by University of Washington scientists Kjell Johansen, Ph.D., Ron Millard, Ph.D., and graduate student Bill Milson. Operating from Palmer Station, 700 miles from the South Pole, they collected data using catheters and electrodes. Aided by the American Heart Association, program may aid studies of human heart disease.

Study Links Myasthenia, Immune Cause

Medical Tribune Report

TORONTO—An immunologic etiology for myasthenia gravis, which has often been suspected but never proved, moved a step closer to possibility in a report here by investigators at the University of Toronto.

In vitro, at least, they told the Canadian Society for Clinical Investigation, the thymic lymphocytes from MG patients show signs of being sensitized to human muscle tissue while thymic lymphocytes from normal subjects do not.

Thymic lymphocytes are those that emerge from the thymus gland to become the agents of cell-mediated immunity.

Continued on page 16

1970 Hepatitis Epidemic in Japan Laid to Children's Tuberculin Test

Medical Tribune World Service
From the Japanese Edition

TOBA CITY, JAPAN—Tuberculin tests of children in the elementary and secondary schools of this town have been identified as the cause of an explosive epidemic of serum hepatitis in 1970. The outbreak was the first mass epidemic of the disease ever recorded in Japan.

The epidemic occurred between the end of April and the beginning of July and affected 15 per cent of all the children in the elementary school and 43 per cent of those in the secondary school. Other age groups were virtually unaffected, but a high rate of Australia antigen was discovered both in patients and in healthy children.

The development and course of the epidemic were analyzed by Dr. R. Mizuta, of the Department of Pediatrics of the Yamada Red Cross Hospital.

Outbreak Was on Island

The region where the outbreak occurred is a solitary offshore island 25 miles from the center of Toba City that is divided into three settlements—Ijika, Motoura, and Imaura.

In May a seven-year-old boy complained of fever, nausea, and jaundice and was sent to the Yamada Red Cross Hospital Pediatrics Department. Nine days later a 10-year-old girl patient complained of jaundice and general fatigue and was admitted to the hospital. Later six children of the same school were admitted to hospital with hepatitis.

On June 5 it seemed that the epidemic in schools had come to an end. In early July, however, there was an explosive epidemic in the middle schools. A total of 129 patients were sent to Yamada Hospital, 94 of whom were suffering from hepatitis as illustrated by liver function tests.

Pakistani Drive Aims to Raise Life Expectancy in Generation

Medical Tribune World Service

KARACHI—A drive has begun to increase life expectancy in Pakistan to 60 years within a generation, bring down the child mortality to 7.5 per thousand, and eradicate such diseases as tuberculosis and malaria. The plan, which will also provide for a health unit dispensary or hospital for every group of 5,000-10,000 inhabitants in the nation, was announced here by Dr. Mubashir Hasan, Pakistan's minister for finance, economic affairs, and development.

Addressing officials of the national planning commission here, he also targeted an increase in the daily per capita intake of calories.

Officials that he said should be established immediately include proper housing for Pakistan's 26,000,000. "At present only about 3,000,000 are adequately housed," said the minister.

NEWS INDEX

Medicine

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Brain scanning is studied in the differential diagnosis of cerebrovascular accidents

Hodgkin's disease patients said to have complete remission with a combination of chemotherapeutic agents

Clofibrate may protect angina patients against myocardial infarction and against sudden death

Device to treat nasal in patients with severe cases has been developed at University of Alabama

CLINICAL NEWS NOTE: "If it is accepted that lowering of the blood sugar has harmful rather than beneficial consequences, it is clear that a reorientation in diabetic therapy is necessary...." (Dr. Eugene Fodor; see page 8.)

Pediatrics

pgs. 2, 16, 20, 21
Epidemic of serum hepatitis in Japan in 1970 has been laid to tuberculin tests of children

Undermedication with ethosuximide is suspected in "absence attacks" of epilepsy, particularly in children

Psychiatry: pgs. 1, 8, 11, 20
Courtroom psychiatric role definitions and limitations are called legal rights that psychiatrists obey without being able to influence them

Joint agreement to pool research in a number of areas has been announced by the U.S. and the U.S.S.R.

Research: pgs. 1, 3, 9, 16, 20, 21
Total hip replacement is described as the outstanding event in orthopedic surgery in the last decade

Surgery: pgs. 1, 3, 5, 21
"Allure of a chemically induced paradise" is said to be drawing a growing number of youths and young adults

Drug Abuse

"Allure of a chemically induced paradise" is said to be drawing a growing number of youths and young adults

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Coming next issues: see page 1

Scans Studied In Thrombosis And Embolism

Medical Tribune Report

CHICAGO—A study of brain scanning in the differential diagnosis of cerebrovascular accidents indicates that patients whose stroke is secondary to cerebral thrombosis will have persistent negative scans, regardless of the interval between the stroke and the scan, while those whose stroke is secondary to cerebral embolism will have a positive scan several days after but not on the day of the stroke, it was reported here by a team of Pittsburgh investigators.

The study, which included 213 patients admitted to the intensive care stroke unit of St. Francis General Hospital, was initiated in December, 1966, in an attempt to establish the etiology of the stroke in each patient, the investigators told the 57th annual meeting of the Radiological Society of North America, Inc. "Our purpose," they said, "was to determine, if possible, whether the stroke was secondary to a cerebral thrombosis or to a cerebral embolism."

The problem of exhaust gases is solved by landing on the hospital since the turbine exhaust can no longer draw in by the air-conditioning plant the operating theaters and intensive units. The roof landing site is so structured that bed patients can now be endangered in the event of an accident.

The patient transporter on the right picture is kept clear during the landing and is wheeled out only afterwards if patient reaches the operating theater in one minute.

Patients' Status Determined

One of the investigators determined the status of the patients on admission and, after pertinent data were recorded, decided whether the stroke was secondary to cerebral thrombosis or cerebral embolism. Eighty-three of the patients were considered to have had a cerebral embolism and 130 a cerebral thrombosis, according to the scanning criteria.

The results indicated that in those with a cerebral embolism, scans taken on the first day of the stroke or within the first two days will be normal. Subsequently, the scan becomes positive, "and in our series, 76 patients out of 83 suspected of having a cerebral embolism were found to be positive by day 20," the investigators noted. The remaining seven patients were scanned at various intervals after their stroke, with the longest interval 280 days. "It is presumed," they said, "that if these

patients had been scanned within the first 20 days after their stroke, the scans would have been positive at that time." They noted that after day five, no normal scans were obtained.

In addition, they said, did not conclu-

sively determine how long a brain scan will remain positive after a cerebral embolism, but they reported one patient with a persistent positive scan eight months after his stroke without any suspicion of an intervening stroke to account for the positivity of the scan at that late date.

Patients suspected of having had a cere-

bral thrombosis had negative scans throughout their hospital stay.

"To explain why embolism and not thrombosis produces a positive brain scan, we postulate that a sudden occlusion as in cerebral embolism causes such a shock to the brain tissue that a capillary reaction results in an attempt to save the brain," they said. "In patients with a stroke secondary to a thrombosis, the event is a gradual affair, and, while the complete shut off does produce symptoms of a stroke, the area of brain supplied has made a gradual adjustment to a diminishing blood supply and the mechanism producing capillary proliferation and macrophage appearance does not occur."

Authors of the report were Drs. John D. McAllister, Joseph DiPrimo, Joseph E. Tuthill, and Ronald A. D'Alto and Maureen L. Henry.

No Operative Deaths

Esophagogastrectomy was performed on 11 patients with middle third lesions, and there were no operative deaths. Six of the patients are alive after two to 15 months, and five died after three to 13 months. Swallowing ability was "excellent" in 10 patients and in one other reached this status after dilatation. Dr. Hankins reported.

All the six patients with lower-third lesions were operated on, and five were resected. Of the resected patients, three are alive at two, four, and 22 months, respectively. Two died at three and 27 months. "Excellent" palliation was achieved in all the resected patients.

There was no operative mortality among the 21 patients, Dr. Hankins emphasized.

Protective Effect Striking

The most striking effect of clofibrate in these trials was its apparent protective effect against sudden deaths. Such deaths are thought to be due to the abrupt onset of arrhythmias leading to ventricular fibrillation. Clofibrate may in some way be able to prevent the onset of these arrhythmias.

The trial also confirmed the risk factors already known for myocardial infarcts—namely, overweight, inactivity, smoking, and high cholesterol levels.

Aspirin is the drug of choice in these trials. It is effective in preventing sudden death.

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Aspirin is the drug of choice in these trials



It may be just a mild depression. But she needs help...and needs it right now.

Counsel and reassurance may suffice. But if you decide supportive medication is indicated, Ritalin can

offer prompt benefit.

No need to wait days or weeks to begin feeling better. Ritalin improves mood and outlook, helps the patient get moving again.

Ritalin is generally well tolerated, even by older or convalescent patients. And there's generally no need for long-term therapy. When Ritalin works, one prescription may be sufficient.

Ritalin® (methylphenidate) helps overcome the inertia of mild depression

Ritalin® hydrochloride
(methylphenidate hydrochloride)
TABLETS

INDICATIONS

- Mild depression.
- Minimal brain dysfunction in children (often manifested in the form of hyperkinetic behavior), as an aid to general management.
- Drug-induced lethargy produced by tranquilizers, barbiturates, antihistamines, etc.
- Apathetic or withdrawn senile behavior.
- Narcolepsy.

CONTRAINDICATIONS

Marked anxiety, tension, and agitation, also Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug. In patients with glaucoma.

WARNINGS

Ritalin should not be used for severe depression of either exogenous or endogenous origin.

Because it may mask normal fatigue induced by overexertion, Ritalin should not be used to increase mental or physical capacities beyond physiological limits. Use cautiously in patients with hypertension and in patients with a history of seizures, since it may lower the convulsive threshold.

Ritalin is not recommended for children under six years, since safety and efficacy in this age group have not been established.

Drug interactions

Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with psychotropic agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anti-coagulants, anticonvulsants (phenobarbital, diphenhydantoin, primidone), phenothiazines, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy

The safe use of this drug in pregnancy or during lactation has not been established. Therefore, the benefits must be weighed against the potential hazards.

Animal studies using low dosages in their

revealed no adverse effects on reproduction.

Drug Dependence

Ritalin should be given cautiously to emotionally unstable patients, particularly those with a history of drug dependence (including alcoholism), since such patients may increase dosage on their own initiative. Chronically abusive use can lead to latent tolerance and psychic dependence. Varying degrees of abnormal behavior and psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, as severe depression as well as the chronic overactivity can be imminent.

Long-term follow-up may be required because of the basic personality disturbance involved.

Precuations

Patients with an element of agitation may react adversely; discontinuous therapy is necessary.

Periodic CBC and platelet counts are advised during prolonged therapy. Long-term therapy of Ritalin in children should be accompanied by repeated medical follow-up including appropriate laboratory tests.

ADVERSE REACTIONS

Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and taking the drug in the afternoon or evening. Other adverse reactions: hypersensitivity reactions, anorexia, nausea, dizziness, palpitations, headache, dyskinesia, drowsiness, skin rash. Blood pressure and pulse change both up and down, may occur; tachycardia may be observed more frequently in children than in adults. A few instances of angina and cardiac arrhythmia have occurred.

Abdominal pain and weight loss during prolonged therapy have been reported and may occur more frequently in children.

DOSAGE AND ADMINISTRATION

Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response. Average dosage is 20 to 30 mg daily. Some patients may require 40 to 60 mg daily. In others, 10 to 15 mg daily will be adequate. The few patients who are unable to sleep if medication is taken late in the day should take the last dose before 6 p.m.

In children with minimal brain dysfunction as an aid in general management, start with small doses (e.g., 5 mg before breakfast and lunch) with gradual increments of 5 to 10 mg weekly. Daily dosage above 60 mg is not recommended. Paradoxical aggravation of symptoms or other adverse effects are indications to reduce dosage or, if necessary, to discontinue the drug.

HOW SUPPLIED

Tablets, 20 mg (peach); bottles of 100 and 1000.

Tablets, 10 mg (pale green); bottles of 100, 500, 1000 and Strip Dispensers of 100.

Tablets, 5 mg (pale yellow); bottles of 100, 500 and 1000.

Consult complete product literature before prescribing.

CIBA Pharmaceutical Company

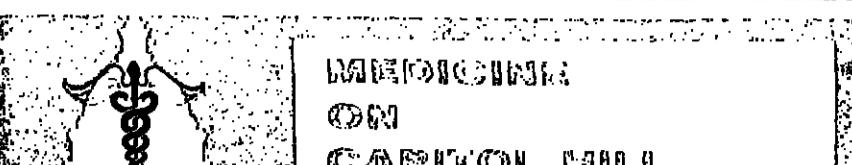
Division of CIBA-GEIGY Corporation

Summit, New Jersey 07901

C I B A

Wednesday, March 1, 1972

MEDICAL TRIBUNE



MEDICINE
ON
CAPITOL HILL

By WILLIAM ROY, M.D.
Congressman from Kansas

Often, when I was campaigning last year, a person would come up and say, "Why are you running for Congress? We are so short of doctors, and you are doing so much that is worth while in your present profession. If you win, we will be short one more doctor."

The question was usually asked seriously and deserved then and deserves now a serious answer. It is apparent that I believed before election that I could be of greater service to the people of northeast Kansas and our country as a member of Congress.

I greatly enjoyed medical practice. I liked and admired nearly all of my colleagues, especially the two fine men with whom I had practiced for 15 and six years, respectively.

Am I really of more service in my public capacity than I was as a physician?

Today, after almost a year "on Capitol Hill" as the United States Representative from the Second District of Kansas, I can say with assurance that the answer to that question is in the affirmative.

I have been impressed by the quality of most of the men and women serving in Congress. Their education and abilities would make them accomplished leaders in any field. But the job of Representative is so great and so demanding that few can measure up in every way—and too frequently we do not measure up collectively. Some excellent, progressive legislation has been defeated by a coalition of people of differing philosophies attacking for often opposite reasons. This is frustrating—for veteran Congressmen as well as for freshmen.

Equally frustrating is the inability to get a "handle" on more than a fraction of the legislation and legislative needs. Time and staff do not permit.

But there have been and are great satisfactions. One great source of satisfaction is the privilege of serving on the only committee and subcommittee for which I am especially prepared—the Public Health and Environment Subcommittee of the Interstate and Foreign Commerce Committee. Our chairman, Paul Rogers of Florida, is held in uniformly high regard in the House and has the energy and political savvy, as well as knowledge of his field, possibly unequalled and certainly not surpassed in the House. Because of Paul, our committee can achieve significant legislation. Because

Calif. Law Fights Cancer Quackery

SACRAMENTO, CALIF.—"Savings to the pocketbooks of cancer patients in California who are protected from quack therapy may be in the range of \$50,000,000 to \$100,000,000 annually," according to a report from the State Department of Public Health recently submitted to the State Legislature.

"Diversion of money spent for worthless treatment to useful purposes enables families to better withstand the drain on the family pocketbook and prevents untold suffering from failure to receive proper treatment in sufficient time to be life-saving," it added.

The report, prepared by the fraud section of the Department's Bureau of Food and Drug, said strict enforcement of California's tough cancer quackery laws will continue in 1972, in order "to detect those violators who are responsible for the death and debauchery of the unsuspecting, hopeful cancer victims."

The report said persons suffering from cancer, or believing they have cancer and dreading surgery or radiation treatment, are ready victims of those who say they need not suffer from the disease.

funded, there will be no shortage of doctors and nurses in 1980. However, there is some doubt that adequate funding will be forthcoming. We recently passed the Cancer Act, which will launch the greatest effort to conquer a disease in the history of mankind. Legislation to combat the tragic national drug problem will be out of committee soon.

Because we are facing perhaps as much as a decade of health care legislation and because I believe many physicians have special insights to people problems and human behavior, I would encourage more of my medical colleagues to become my Congressional colleagues. Congress has long been dominated by attorneys (301 of 435 House members); we need a better cross section of the population.

In this series of columns I will be giving you one physician's viewpoint of what is happening "on Capitol Hill." Nearly everything that happens here will affect your life and our profession. I am especially interested in the organization of medical care delivery—a subject we all know something about—and the critical element in achieving quality health care for all of our citizens. I look forward to our exchange of information, and I hope that my interpretation of legislative matters will be helpful to you.

In Sterile Environment



NH Photo
Wearing rubber gloves, nurse Eileen Kneisler attends three-month-old baby with lymphopenic hypogammaglobulinemia from birth. Neonate was delivered and has been living under totally sterile conditions. Physicians at the General Clinical Research Center, Texas Children's Hospital, are attempting to induce antibody production in child. Clinic is supported by the Division of Research Resources at NIH.

A gratifying announcement about Empirin® Compound with Codeine

 Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27701

Empirin Compound with Codeine
relieves aches, pains, fever and
general malaise of colds and of FLU



You may now specify up to five refills within six months when you prescribe Empirin Compound with Codeine (unless restricted by state law).

It is significant in this era of increased regulation, that Empirin Compound with Codeine has been placed in a less restrictive category. You may now wish to consider Empirin with Codeine even more frequently for its predictable analgesia in acute or protracted pain of moderate to severe intensity.

Empirin Compound with Codeine No. 3 contains codeine phosphate* (32.4 mg.) gr. 1/4. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3 1/2, phenacetin gr. 2 1/2, caffeine gr. 1/4.

Librium® dosage options: as versatile as anxiety problems are varied

Librium has demonstrated its effectiveness in relieving clinically significant anxiety associated with a wide range of emotional and somatic problems.

for the geriatric patient with clinically significant anxiety



**Librium® 5 mg
(chlordiazepoxide HCl)**
initially b.i.d. or less
up to 20 mg daily

Librium is used concomitantly with certain specific types of other classes of drugs, such as cardiac glycosides, diuretics and antihypertensive agents, whenever anxiety is a clinically significant factor.

Librium, because of its wide margin of safety, is especially well suited for extended use until the patient can perform at appropriate levels without it. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See summary of prescribing information.) Moreover, the antianxiety benefits of Librium are generally maintained without diminution of effect or need for increase in dosage. When treatment is prolonged, periodic blood counts and liver function tests are advisable until antianxiety medication is no longer required.

Three oral strengths plus an injectable form permit therapy to be adjusted to individual needs until antianxiety medication is no longer required.

for moderate anxiety as in many cardiac patients



**Librium® 10 mg
(chlordiazepoxide HCl)**
1 capsule t.i.d./q.i.d.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions:

ORAL: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six.

for the patient with severe anxiety



**Librium® 25 mg
(chlordiazepoxide HCl)**
up to 100 mg daily

for the acutely agitated chronic alcoholic



**Injectable Librium®
(chlordiazepoxide HCl)**
100-mg ampuls
up to 300 mg
if indicated

INJECTABLE: Keep patients under observation, preferably in bed, up to three hours after initial injection; forbid ambulatory patients to operate vehicle following injection; do not administer to patients in shock or comatose states; use reduced dosage (usually 25 to 50 mg) for the elderly or debilitated and for children age twelve or older.

ORAL AND INJECTABLE: Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating compounds such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation,

extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

With the injectable form, isolated instances of hypotension, tachycardia and blurred vision have been reported; also hypotension associated with spinal anesthesia, and pain following I.M. injection.

Supplied: Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Ampuls containing 100 mg chlordiazepoxide HCl.

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Doctors' Debate

MEDICAL TRIBUNE frequently receives extensive and well-documented communications from physicians on current subjects of controversy or those of great current medical interest. We invite contributions in these areas for presentation in this new feature.

Reorientation in Diabetes

Editor, MEDICAL TRIBUNE:

Even though currently indispensable, the basic discoveries of Withering, Jenner, Semmelweis, and others were made without the benefit of statistics (and, *horrible dictum*, without double-blind studies or animal experiments and such). And, while results by statistical methods are thought to be unequivocal, it is yet possible for two eminent statisticians, leaning on identical facts, to arrive at antithetical results.

In a recent issue of the *J.A.M.A.* (September 20, 1971), one (Stanley Schor) rejects, while the other (Jerome Cornfield) accepts, the conclusions of the University Group Diabetic Program—namely, that the combination of diet and tolbutamide is no more effective than diet alone in prolonging life and that the findings suggest that tolbutamide and diet may be less effective than diet alone or than diet and insulin.

Since statistics are seemingly indispen-

Amer. Journ. Med. 3:145, 1947, and Foldes, Eugene: "Hypertension in Diabetes," *J.A.M.A.* 202:845, 1967).

Accordingly, following the rules of homeostasis, glands are pouring increased amounts of hormones into the circulation when the composition of the blood shifts in a direction opposite to the effect of the hormone. Thus the anterior lobe of the pituitary, which raises the blood sugar, is stimulated when the blood sugar drops, by insulin, oral antidiabetics, etc. But stimulation of the anterior lobe of the pituitary raises the blood pressure, so that when the blood sugar drops, along with the subsequent increase of the blood sugar, a rise in the blood pressure also should occur. Indeed, as was pointed out before, with hyperglycemia a relatively low blood pressure is found, and when the blood sugar level drops, the blood pressure rises. It should be emphasized that such increases in blood pressure occur only with pre-existing hypertension pre-exists.

If it is accepted that lowering of

other cardiovascular changes—perhaps immediate cause of the increased mortality. Hypertension may be but not necessarily a part of the picture since, as been mentioned, lowering of the blood pressure is followed by increase in the blood pressure in those diabetics only in hypertension pre-exists.

If it is accepted that lowering of

blood sugar has harmful rather than beneficial consequences, it is clear that attention in diabetic therapy is necessary towards some goal other than reducing hyperglycemia. As to the oral antidiabetics, they are in need of modification to conform to the new aims and it is possible that if so modified they will regain a place among the drugs of undisputed usefulness.

EUGENE FOLDES, M.D.
New York

The Forensic Psychiatry

Editor, MEDICAL TRIBUNE:

This is in reply to "The Forensic Psychiatrist," written by Dr. William Woodruff, which appeared in the December 1, 1971, issue of MEDICAL TRIBUNE.

Judge Bazelon and many others are well right in raising considerable doubt as to the validity of using psychiatrists' present role in courtroom proceedings. But just because of that it should be forgotten that the psychiatric rotations and role limitations are not psychiatric inventions or foibles but legal ones laid down by the judicial process (legislatures, judicial decisions and instructions) which psychiatrists obey without being able to influence them directly.

A plausible case can and has been made for psychiatric noncompliance with the judicial role assignments by nonparticipation. Yet the decision of what constitutes rational, professional conduct in this matter is not easy; while irrationality disappears convincingly simple because it is simplistic, rationality is almost always complex and ambiguous. The refusal of any scrupulous, "good" psychiatrist to accept a compromise in style, language, and attitude imposed upon him by his professional rationality by the presumably trained legal rules leaves by negative selection these vitally important matters of social decision making of trials to the professionally less-trained, less-conscious, and hence often predominantly punished-minded psychiatrist or the sentencing judge.

The age-old suggestion that psychiatrists' opinion should be given weight only after the jury decides on the "facts whether or not the individual committed a particular act" betrays a deplorable misunderstanding of basic notions. Our current criminal law stipulates that only the coinciding of a set of undesirable "facts" to be determined by external evidence (defined by code or judicial decisions) with an internal state of mind (intent or otherwise) constitutes a wrongful act or a crime.

The killing of another human being by a particular act determinable by "fact" may be self-defense, justifiable homicide, involuntary or voluntary manslaughter, second- or first-degree murder. The facts of the act (if the definition of fact is restricted to elements determined by external evidence) are merely that a human being was killed by a certain person or persons. Whether this act constituted a crime, or what degree of crime, can in our present system only be determined by the internal evidence of state of mind. But who is an expert on this state of mind if not psychiatrists and other behavioral scientists? Should the criminally crucial state of mind question, precisely due to its complexity and difficulty, be left to the whim of arbitrariness, and prejudice of determination by prosecution, defense, or fact finder without benefit of expert opinion?

That the current criminal law is based on many questionable assumptions and contains strong bias in favor of ineffective punishment is another matter that could and should for purposes of change be incessantly pointed out by court psychiatrists, who, however, have a chance to do so only if and when they participate to the fullest in the judicial process.

FREDERICK J. HACKER, M.D.
Beverly Hills, Calif.

Betadine will help him save face

Surgical Scrub Skin Cleanser
Acne is one of his young life's most embarrassing moments. You can help to alleviate his problem with Betadine Surgical Scrub Skin Cleanser. It helps to reduce the incidence of acne lesions.

Betadine Surgical Scrub Skin Cleanser provides the same powerful, topical broad-spectrum microbial action that NASA employed in decontamination procedures in the Apollo space flights. It contains no harsh chlorophenols. Unlike some cleaners that are merely bactericidal and require repeated applications to remove the bacteria building, Betadine Surgical Scrub Skin Cleanser actually destroys without irritating skin.

Betadine Surgical Scrub Skin Cleanser helps prevent the spread of infection in acne lesions.

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Community Health Medic John Gobert goes on house calls on horseback. Right, Gobert, an ex-medical corpsman, checks patient outside home of the Havasupai Reservation, situated on the floor of the Grand Canyon. Indians, Eskimos, and Aleuts are faced with widespread nutritional deficiencies, as well as otitis media, and mental and environmental health problems.



American Indians Trained to Bring Health Care to Their Own People

SEEKING TO BRIDGE GAPS—both cultural and geographic—in conveying health care, the Indian Health Services' Phoenix Indian Medical Center has inaugurated a physician's assistant training program to produce Community Health Medics (CHMs). Ten American Indians, all with prior medical background, have just finished the first year of classroom and field training and will now complete one year of preceptorship under a senior physician.

As part of the community where they work, CHMs function as a focal point for local health programs such as immunization projects, maternal and child health clinics, and well-baby clinics. CHMs are equipped to obtain patient histories and to perform routine physical exams and clinical lab tests.



Resident pediatrician Blaine M. Sayre (l.) makes rounds with CHM John Williams at the Phoenix Indian Medical Center, above. Rosemary Fitch, R.N., CHM Arife Beeson, and Dr. Lalitha Bai, Bangalore, India, examine child. Dr. Bai is on assignment at the center under the Exchange Visitors' Program. One-fifth of Amerindian deaths occur among babies who are less than one year old. The majority of infant deaths are due to respiratory and gastrointestinal tract diseases.



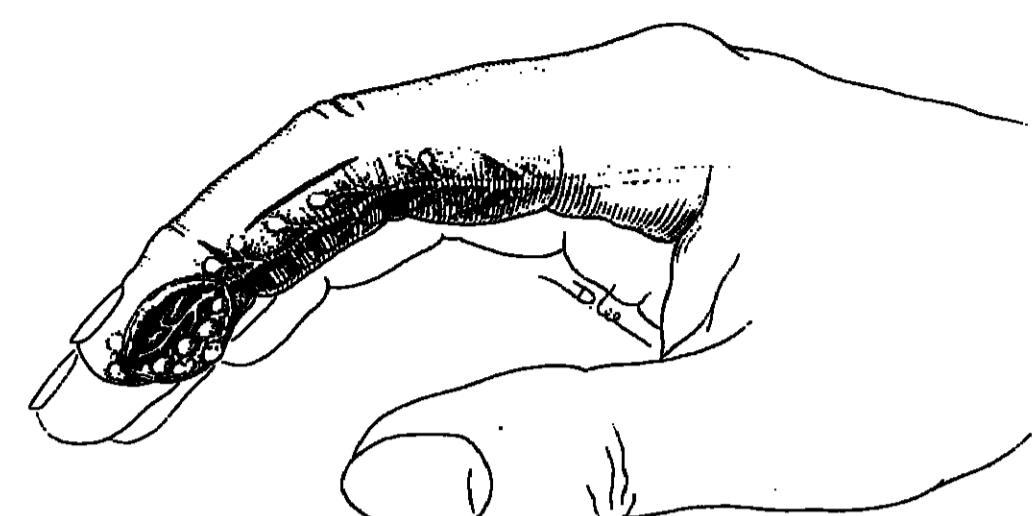
Kidney Leiden being maintained by machine at Hospital. The facility is connected and typing units in five countries 20 dialysis centers and 200 hospitals.

Hyperplastic Pacinian Corpuscles Seen in 66-Year-Old

A CASE of hyperplastic pacinian corpuscles causing extreme digital pain in a 66-year-old woman who had previously sustained a whiplash injury with slight trauma to the right shoulder has been reported by Drs. W. R. Hart, N. W. Thompson, D. H. Hildreth, and M. R. Abell, at the University of Michigan Medical Center.

Slightest touch produced excruciating pain in the right index finger, preventing patient from doing everyday tasks. Exploration of volar aspect of the finger tip and exposure of the pulp space showed rice-sized glistening nodules extending from the periosteum to the skin and attached to fine branches of the digital nerves. Excision of these resulted in partial alleviation of pain and proximal bilateral digital neurectomy was eventually performed (see right, below).

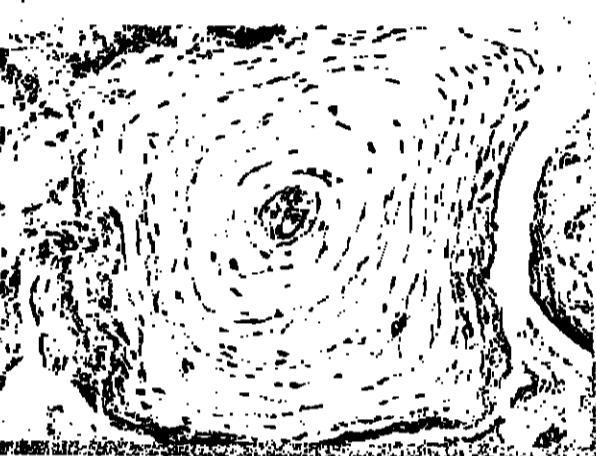
The digital pain probably resulted from a post-traumatic proliferation of pacinian corpuscles that impinged on the digital nerves because of the closed space of the finger, the physicians said.



Shaded area of drawing indicates locales of pain sensation. Also illustrated are distribution of hyperplastic pacinian corpuscles and sites of surgical incisions. Enlarged pacinian nodules were found attached along length of nerve by filamentous nerve fibers. All of the corpuscles were excised.



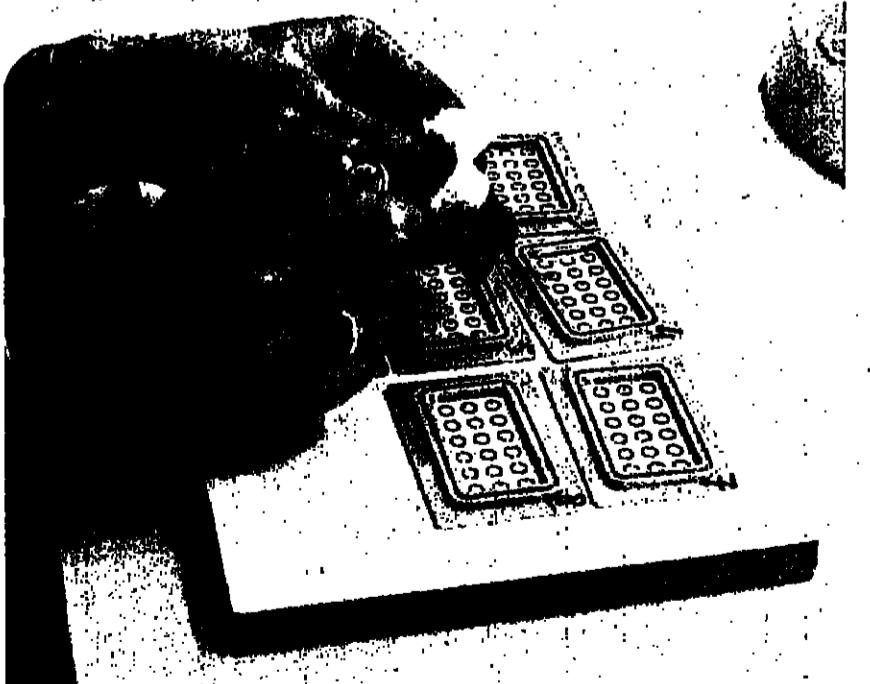
Subcutaneous adipose tissue specimen, removed during proximal bilateral neurectomy through longitudinal incisions, contained cluster of large mature pacinian corpuscles and bundles of peripheral nerves, left. Each corpuscle, right, consisted of central nerve fiber surrounded by numerous concentric lamellae enclosed within thin collagenous capsule. A segment (2 cm.) of each digital nerve and all corpuscles were excised. There was no recurrence of the patient's symptoms one year after the operation.



Share alike: A proposal for an international organ exchange program, by Dr. Johannes van Rood, of University Hospital, Leiden, the Netherlands, has, in two years, evolved into a network covering centers in Belgium, France, Italy, and other countries. Named Eurotransplant, it has stimulated advances in many areas of kidney research, such as immunosuppression, bone marrow transplants, and the HL-A system. The project has established a computerized central registration of dialysis patients with immunologic data and degree of urgency and compiled a listing of 3,000 donors. Officials immediately initiate a matching program for a suitable recipient upon availability of a donor.



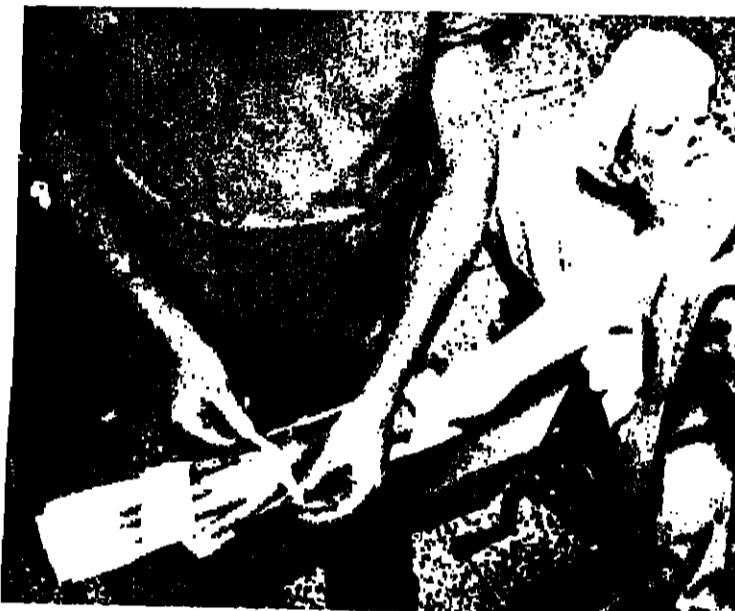
Donor organs are brought to necessary centers by a round-the-clock land-and-air transportation system. Above, a blood donor. Creation of a "Eurodonor" has been suggested by Dr. van Rood, director, Immunohematology department of University Hospital.



Cell and blood typing and other tests are also on a 24-hour schedule. About half the typings are carried out between midnight and 6 a.m. Blood from Copenhagen, Oslo, Geneva, and Vienna, for example, was utilized in one recent case.



If the patient is overanxious one to two hours prior to surgery, the anxiety



can be relieved with 10 mg of **Injectable Valium (diazepam) I.M.**

Additionally, **Injectable Valium (diazepam)** can

diminish recall of the preoperative procedure.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: relief of skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome; tetanus; status epilepticus and severe recurrent seizures; anxiety.

prior to gastroscopy, esophagoscopy, and surgical procedures; cardioversion (I.V.).

Contraindications: In infants; in patients with known hypersensitivity to the drug; in acute narrow angle glaucoma; may be used in patients with open angle glaucoma receiving appropriate therapy.

Warnings: Inject I.V. slowly, directly into vein; take at least one minute for each 5 mg (1 ml) given. Do not mix or dilute with other solutions or drugs. Do not add to I.V. fluids. Rare reports of apnea or cardiac arrest noted, usually following I.V. administration, especially in elderly or very ill and those with limited pulmonary reserve; duration is brief; resuscitative facilities should be

available. Not recommended as sole treatment for psychotic or severely depressed patients. Should not be administered to patients in shock, coma, acute alcoholic intoxication with depression of vital signs. Caution against hazardous occupations requiring complete mental alertness. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy,

lactation or women of childbearing age, weigh potential benefit against possible hazard to mother and child.

Precautions: If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium, such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Not recommended for bronchoscopy, laryngoscopy, obstetrical use, or in diagnostic procedures other than

gastroscopy and esophagoscopy. Laryngospasm and increased cough reflex are possible during gastroscopy; necessary countermeasures should be available. Hypotension or muscular weakness possible, particularly when used with narcotics, barbiturates or alcohol. Since effect with narcotics may be additive, appropriate reduction in narcotic dosage is possible. Use lower doses (2 to 5 mg) for elderly and debilitated. Safety and efficacy in children under 12 not established.

Side Effects: Drowsiness, fatigue, ataxia, confusion, depression, constipation, dysarthria, diplopia, headache, hypoactivity, hiccups, hypotension, incontinence, jaundice, nausea, changes

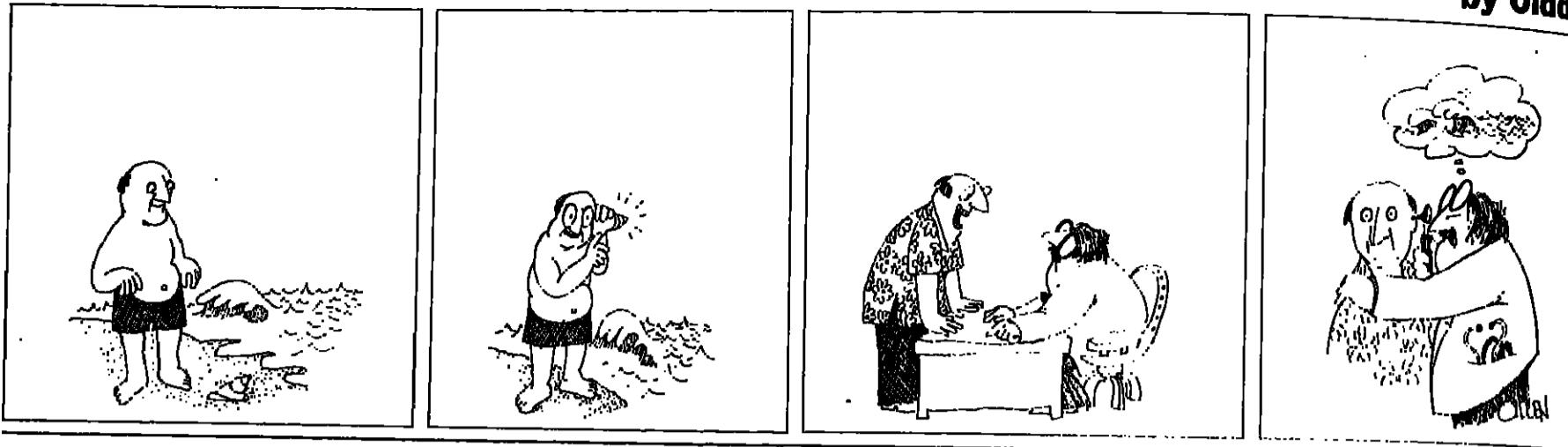
in libido, changes in salivation, phlebitis at injection site, urinary retention, skin rash, syncope, slurred speech, urticaria, tremor, vertigo, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, use of the drug should be discontinued. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy. Minor EEG changes, usually low-voltage fast activity, of no known significance.

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Injectable Valium® (diazepam)

benefits every step of the way.

Clinical Trials



Wednesday, March 1, 1971

by Oldden

Congress Asks Drug Agencies For Research Approval Data

Continued from page 1

sold and FDA Commissioner Dr. Charles C. Edwards that procedures for clearing research applications will have to be "speeded up."

The lawmaker's rebuke to the officials came in separate sessions after each had testified on problems of amphetamine control. Mr. Rogers said that his concern was prompted by reports that qualified investigators were encountering exceptional delays in getting approval of their projects and that the BNDD was imposing, in some instances, inexplicable requirements for safeguarding drugs.

He cited a report that investigators had to have a 750-pound safe in order to store as little as 1 gm. of marijuana.

Of further concern, said Mr. Rogers, is the fact that it has become unclear just how the BNDD and the FDA are dividing their respective responsibilities in dealing with proposed research protocols, although the mandate of the 1971 omnibus drug bill is precise. Under that measure, the authority for reviewing the scientific merits of a research protocol is vested in the Department of Health, Education, and Welfare.

Opposed by Justice Department

This feature of the bill was passed over the strong opposition of the Justice Department, which sought to maintain substantial scientific review authority over research within the BNDD.

Recently, 101 scientists, including three Nobelists, have protested to President Nixon that the Justice Department has, in effect, been seeking to regain that authority through a variety of legalisms. The scientists, acting under the sponsorship of the Committee for Effective Drug Research, charged that the BNDD has issued "rules, regulations, statutes, procedures, and legalisms" that create "barriers to research and threaten the continued existence of research itself" (MEDICAL TRIBUNE, February 23).

Both Mr. Ingersoll and Dr. Elmer A. Gardner, director of FDA's Division of Neuropharmacology, acknowledged to the subcommittee that there have been problems in speeding approval for research projects. But they insisted that these occurred in the early months after passage of the bill and that swifter procedures are under study and will be put into effect.

Mr. Rogers pressed the officials for answers to the question of who is exerting the final authority for approving a research project.

"The Congressional intent in framing the 1971 drug act," he declared, "was that the FDA and HEW would approve drug research. We're getting feedback that

EPIGRAMS—Clinical and Otherwise

To be right before the right time is heresy, which is sometimes paid for by martyrdom.

Santiago Ramón y Cajal
Charles de Gaulle

this is not working out as intended."

As a result, he declared, one major mental health institution has "stopped all research on new compounds." In another case, he said, a leading investigator reported that "FDA would not approve a research project without BNDD approval and the BNDD said it would not approve without approval from the State Narcotics Commission, and the state said that it would not approve without the FDA's approval."

If the states do, in fact, demand the right to approve drug research, Mr. Rogers added, "perhaps there should be Federal pre-emption in this matter."

Mr. Ingersoll denied that the BNDD is seeking to exert authority over the scientific end of drug research.

"When we receive these requests [for drug research approval] we pass them on to the FDA immediately," the Justice official stated. "The merits of the research are passed on by the FDA. We're not getting into the scientific end."

He told the subcommittee that the BNDD plans to prepare a single research registration form and one order form for drug supplies and that it will develop procedures so that "the first research protocol will be enough to get them [the investigators] registered and they'll not be required to re-register."

The ire of scientists working with psychotropic compounds has been especially provoked by the current rule requiring them to fill out a separate registration form for each new project.

Mr. Rogers commented that he hoped that procedures could be "speeded up" and added: "The scientific community is concerned about this and legitimately so."

This led to a sharp exchange with Mr. Ingersoll.

"We've been the brunt of scientific criticism for a long time," Mr. Ingersoll declared. "We have no desire to impede scientific research and no desire to have anyone take potshots at us."

"Nobody is taking potshots at you," Mr. Rogers retorted. "I'm not...as yet. These protocols under law must be approved by the FDA, not you."

He repeated his request: "Let us know for the record how long it's been taking research to get approved."

In his discussion with Dr. Gardner, Mr. Rogers again brought up the issue of who was approving what.

"The Bureau of Narcotics and Dangerous Drugs is not supposed to give approval to drug research," he declared. "What's happening?"

"We look at the protocol and determine if it's satisfactory," said Dr. Gardner.

"I understand they have to send through the BNDD before going to you. Is that true?" the lawmaker asked.

"At first, but not now."

He told the subcommittee that the "maximum time" for review and a decision on a research protocol has been two months.

Attorney Says Justice Department Is Undermining Intent of Congress

Medical Tribune Report

WASHINGTON—The Justice Department was accused here by an authority on legal medicine of undermining "Congressional intent" by trying to restore to itself powers that the omnibus drug bill of 1971 reserved to the Government's health agencies.

Neil L. Chayet, legal counsel for the Committee for Effective Drug Abuse Legislation, declared that although Congress mandated control over psychotropic drug research to the Department of Health, Education, and Welfare, a series of recent "regulations and procedures promulgated and established by the Bureau of Narcotics and Dangerous Drugs has frustrated this intent and created an intolerable situation."

He told the House Subcommittee on Public Health and Environment that an investigator who wants to do research with marijuana, for example, must not only apply for a registration number to the BNDD.

"He must also submit a research protocol to BNDD for each Schedule I substance [narcotic and addictive drugs as well as marijuana and THC] with which he is going to work," Mr. Chayet continued. "BNDD reviews these protocols, retains a copy for its files, and forwards the protocol to HEW for review, where it is reviewed by FDA and the National Institute of Mental Health and then by both agencies through a combined FDA-NIMH committee. This procedure is, of course, apart from and in addition

to the filing of the IND applications directly with the FDA. The entire process involves an inordinate amount of paper work and months and months of waiting."

The attorney reported that one researcher has spent \$450 for a safe "in which to store the [marijuana] that he has not received. And he has been informed that he is not likely to be given more than a one-week supply of the drug when it is finally made available to him."

He called these and similar actions an "end-run around Congressional intent."

HEW Given Veto Power

Mr. Chayet, who is also a member of the faculties of Boston University Law and Medical Schools and a Trustee of Tufts University, asserted that the Administration is also ignoring Congressional intent in the recently enacted domestic drug legislation by calling for ratification of the International Convention on Psychotropic Substances. This convention would override significant provisions of the omnibus drug act, Mr. Chayet said. The drug act, he stressed, at present gives HEW "absolute veto power" over whether a drug should be controlled, but no such veto power is given to the World Health Organization in the proposed Psychotropic Convention. Final authority for scheduling psychotropic substances would be vested in the Narcotics Commission, which has a strong law enforcement and control orientation.

Vein Bypass Graft May Be Helpful In Some Anginas

Continued from page 1

anginal episodes, the cardiologists said. Two of the four had myocardial infarctions after discharge.

Prior to surgery, five patients had gone of an anginal syndrome within one month of admission, 21 presented with stable angina of one-month to 12 years' duration that had become crescendo in character in the weeks prior to admission, and two had a background of stable angina and had developed either nocturnal angina or angina decubitus in the month prior to admission.

All Had Abnormal ECGs

All patients had abnormal electrocardiograms, and coronary arteriography most commonly demonstrated impairment of all three coronary arteries. Left ventricular angiograms showed areas of akinesis or dyskinesis in an area of the left ventricle supplied by the diseased vessel in 16 of the 28 patients.

Six other patients who met the criteria for impending myocardial infarction were not operated on. Two developed ventricular arrhythmias refractory to medical management and died in the hospital. Another, aged 74 years, responded to propranolol and was not studied further because of his age and died suddenly, of a presumed myocardial infarction, six months later at home.

The three survivors who were discharged without surgery were followed for an average of five months, and all continued to have incapacitating angina and are currently being considered for selective bypass surgery.

It is difficult to decide whether the aggressive surgical approach taken toward the 28 patients with impending myocardial infarction resulted in acceptable mortality and morbidity, the cardiologists said.

Prior Studies Have Varied

Prior clinical studies have varied in their definition of impending myocardial infarction, making comparison between patient groups difficult, they pointed out. Additionally, they said, the natural history of impending myocardial infarction, which is "the final marker against which any therapeutic approach must be measured," has not been well described.

"Only careful study of large groups of patients, with angiographic correlations and long-term follow-up, will clarify what happens in time to the patient with an impending myocardial infarction," they emphasized.

Certain data that are available, however, suggest that these patients have a substantial chance of dying from a fatal myocardial infarction if treated conservatively and that a substantial percentage of nonfatal infarctions may be prevented by surgery.

In addition, the team asserted, it seems unlikely that the incidence of relief from angina obtained in their operated patients could be expected with conservative management.

To predict the financial future we don't use a crystal ball



We use Eliot Janeway as our economic analyst, and it's he who wrote:

August 31, 1970

Analytical realism calls for a new look outside the economy and outside America to the war storm centers in the Far East and the Middle East. Political and military developments seem to be more likely to write the history of the markets next year and the year after than economic or even financial developments.

Nov. 30, 1970

If I am right in expecting 1971 to be a year of major disappointment—in the first half for the stock market and for corporate earnings and in the second half for the American economy against a deteriorating international background—the way to watch the political fistfights in Washington from now to the end of this calendar year is as the pattern-setting prelude to the fiscal period running from July 1, 1971, to July 1, 1972. The financial markets into

March 3, 1971

How long the consumer will remain a bargain buyer, because a cash saver, depends upon the answers to the more fundamental question: How long will the consumer be plagued with doubts and fears about the security and continuity of income? To ask the question is to answer it. No consumer ball-out for business will be in the cards so long as unemployment is in the headlines. But unemployment will be so long as the Administration bemuses itself with the theory that business's problem with labor is not its business. Business's hangup over labor is responsible for all

Oct. 6, 1971

The softening economy is still softening—and not just inside America. In fact, the slowdown is proceeding at a faster rate in strong foreign economies than in the American economy. Understandably so, because it has further to fall in the Germanys, Japans, and Australias. To take one example, the aluminum production cutbacks announced in Australia are radiating shock waves in Japan; whose materials buying rate in Australia has been the measure of the growth rate to both these pace-setting economies.

Such inactions of policy

August 4, 1971

Time is running out on the recovery premise in the economy even faster than it is running out on the premise of a bull market renewal in the stock market. The indulgent practices of accounts receivable financing, and producer-inventory accumulation, are the current casualties of this disillusionment. A spate of bankruptcies among businesses passing as solvent but not liquid will be just

Medical Tribune readers expect and get clear, hard-headed reporting and analysis—whether the subject is medicine or economics.

Wednesday, March 1, 1972

MEDICAL TRIBUNE

Drug Abuse by Youths Said to Be on Increase

Medical Tribune Report

Treatment for Infertility
OTTAWA—An increasing number of children, adolescents, and young adults from all socioeconomic levels in North America are succumbing each year to the "lure of a chemically induced paradise," Dr. Frank J. Ayd, Jr., of Baltimore said here.

Dr. Ayd spoke on drug abuse at the 25th World Medical Assembly of the World Medical Association.

Polynubuse is now common, with stimulants, depressants, and hallucinogens being consumed in sequence or combination, he said. The current favorites are heroin, marijuana, hashish, LSD, amphetamines, especially methamphetamine, and short-acting barbiturates.

Psychiatrists also are seeing more and more apathetic, academically impaired young people without ambition or social interests and a history of several years of drug taking, Dr. Ayd said.

In the current upsurge of drug abuse the age of commencement of drug taking has been dropping from the upper to the lower teens and even into the preteens. The very young, ages six to 14, are almost exclusively sniffers or cough syrup drinkers, he said. They are inhaling glue,

gasoline, cleaning fluid, lighter fluid. Some of the more venturesome are whistling the freons used in carriers in aerosol sprays, such as insecticides and deodorants.

Among those aged 15 to 19, there is an increase in the use of marijuana and hallucinogens, he said. More are turning to heroin and morphine.

In the 20-to-24 age group, initiates invariably smoke marijuana and occasionally take psychedelics, most often LSD. Novices and even established abusers often mistakenly believe they are not consuming the LSD they want to avoid for fear of its publicized adverse effects—chromosomal aberrations. They think they are ingesting mescaline or psilocybin.

Men Seek Instant Pleasure

There is a shift in the sex ratio of abusers after age 25, Dr. Ayd noted. The number of women drug users rises. "Men prefer drugs that produce instant pleasure," he said. "Women more frequently become hooked on prescribed drugs acquired from one or more doctors. Some explicitly seek the instant superpotency and the series of orgiastic 'rushes' the swift impact on the midbrain injected 'speed' produces."

Barbiturate and nonbarbiturate sedatives and hypnotics are being abused to a lesser extent at this point, he reported, than stimulants.

The curve of marijuana use has been rising steeply, however, he said. Seven per cent of young people have no discouraged millions of Americans.

Meanwhile, the increase in heroin addiction rises steadily, he said, among not only ghetto residents but also middle- and upper-class people.

None of the patients had hormonal or testicular biopsy evidence of primary testicular failure, according to the report.

Two of the 30 men showed improvement in semen quality and one showed equivocal improvement. Of the 10 pregnancies, however, nine were in wives of men without semen improvement.

Toxic Infectious Shock

VIENNA—Treatment of toxic infectious shock that includes intravenous supply of fluids, digitalization, and administration of vasodilators has had favorable results in a series of patients at the Leiden University Hospital, it was reported here at an International Congress of Infectious Diseases.

Prof. W. R. O. Goslings, of the Academic "Ziekenhuis" of Lieden, the Netherlands, said that only one of 16 patients treated died in shock. Seven of the remaining 15 died from a few days to several months later because of "continuing infection, other postoperative complications, or the severity of their basic disease," he said.

"This might indicate that, beside microbial infection, host factors also play a role in the occurrence of septic shock," he commented.

Determining Drug Effects

STOCKHOLM—The steady-state plasma level of a drug that is metabolized is generally a more important determinant for its effect than dosage because it reflects the amount of drug available for biologic action, Dr. Folke Sjogren, Professor of Clinical Pharmacology at the University of Linköping, said at a symposium on pharmacokinetics and therapeutics.

He listed three prerequisites for correlated pharmacokinetics and pharmacodynamic studies in man: the availability of sensitive, rapid, and selective analytic techniques; certain characteristics of a drug, such as its acting reversibly or independently, and having so-called steady-state kinetics and roughly the same degree of protein binding over the entire range of therapeutic plasma concentrations; and availability of quantitative methods for recording the pharmacologic effects.

Thymus, Cancer Research
SYDNEY, AUSTRALIA—Closer analysis of the functions of the thymus gland may reveal some new avenues of research on cancer treatment, Dr. Malcolm Trall, a Melbourne pathologist, told the Australian Cancer Society.

He postulated that there may be a connection between the interaction of the medulla and the cortex of the thymus and the form and time of onset of diseases.

"The medulla aids immune development—a suggestion already supported by some experimental evidence—and the cortex may aid tolerance to 'foreign' substances in the body," Dr. Trall said. "The incidence of diseases such as leukemia, intrinsic asthma, and purulent streptococcal disease is high in the age period one to four years, and malignancy is high in the older stages in which the cortex is predominant. However, in the elderly the picture is modified by the falling off of the total thymic function, despite the cortex predominance."

larily of stimulants, because they like to be energized and euphoric."

The excessive use of stimulant drugs, particularly the amphetamines, has changed dramatically and drastically in recent years, Dr. Ayd said.

"The rate of drug abuse quickened in the early 1960s. Value systems were changing . . . Young people became interested in the amphetamines. They promptly learned that these compounds could produce an ecstatic 'high.' Each year the increment of those submitting to the enforcement of 'speed' has risen. They explicitly seek the instant superpotency and the series of orgiastic 'rushes' the swift impact on the midbrain injected 'speed' produces."

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Adjuvant-Induced Arthritis Curbed In Rats by Prostaglandin Injection

Medical Tribune Report

NEW YORK—Injections of prostaglandin E effectively prevented or suppressed adjuvant-induced arthritis in rats, Drs. Robert B. Zurier and Franco Qungliata, of the New York University Medical Center, told the 35th annual meeting of the American Rheumatism Association here.

A severe and persistent polyarthritis appears in rats 10 to 14 days after a single intradermal injection of Freund's complete adjuvant, they said, providing a convenient model for evaluation of anti-inflammatory and immunosuppressive drugs.

Rats injected with 500 micrograms of prostaglandin E₁ twice daily for 21 days from time of adjuvant injection showed little or no arthritis, however, while severe polyarthritis developed in all rats that were given buffer alone or prostaglandin A₂ following adjuvant injection, they reported.

Identical doses of prostaglandin E₂ also prevented arthritis from developing, they said. Nor did arthritis appear in rats observed for six weeks after prostaglandin E₁ treatment was stopped.

Rats receiving prostaglandin E₁ also

had a less intense inflammatory response than controls at the site of adjuvant injection, the physicians said. In addition, they were more active and were spared the weight loss, leukocytosis, and anemia characteristic of the disease. Numbers of circulating lymphocytes were not diminished by prostaglandin E₁ treatment.

Other groups of rats received a similar 21-day course of prostaglandin E₁ beginning seven, 14, and 21 days after adjuvant injection. Those treated from day seven showed little or no arthritis. When treatment began on day 14, the typical explosive course of the arthritis, which had already started, was suppressed, and established inflammation was reduced even when treatment began on day 21.

Delayed hypersensitivity reaction was determined by skin testing with purified protein derivative in adjuvant-injected rats after 14 days and was positive in all rats, including those completely protected from arthritis. Erythema and induration were greater and more persistent in treated rats than in controls.

To further assess immunologic competence

of rats were given washed sheep red blood cells intraperitoneally on day 14. Seven days later, the rats were bled and the brisk antibody response to the sheep red cells in control animals was markedly reduced in animals treated with prostaglandin E₁.

Humoral Immunity Impaired In Rheumatoid Arthritis

From Toronto and Glasgow, Scotland

► An impairment of humoral immunity, in addition to impaired cellular immunity, may contribute to the higher rate of infections in rheumatoid arthritis patients, according to Drs. Waldemar Pruzanski and Wolf D. Leers, of the Wellesley Hospital, Toronto, and A. C. Wardlaw, Ph.D., of the University of Glasgow, Scotland.

Rheumatoid synovial fluids were tested and found to have a much weaker bactericidal action than rheumatoid sera from the same patients, they reported. Rheumatoid synovial fluids were also much less active bactericidally than those from osteoarthritis patients, which in turn were less active than osteoarthritis sera.

Forty per cent of rheumatoid sera tested had lower bactericidally activity than sera of healthy subjects, but bactericidal activity was normal in both rheumatoid and osteoarthritis sera, the investigators said.

SURGICAL NOTES

Total Hip Replacement

SAN FRANCISCO—The increasing use of total hip replacement surgery should not influence clinicians to lower the age level of patients chosen to receive it, Dr. John Crawford Adams, orthopedic consultant, St. Mary's Hospital, London, warned.

Speaking on surgical treatment of the painful osteoarthritic hip, he declared that the practice of operating on patients age 60 or over should be maintained whenever possible.

"What we have to realize is that a total replacement arthroplasty, even the best one, does not restore a normal hip," he said at a meeting of the American Academy of Orthopaedic Surgeons. "If a young patient were to attempt to lead a vigorous life, including sports, dance, and other strenuous activities, he would quickly break down the new joint."

However, Dr. Adams said, if there is some other factor in the case of a younger person, such as multiple joint invasion, that would automatically curtail his activity, the operation is one that is worth contemplating.

Total hip replacement was described by Dr. Adams as "the outstanding event in orthopedic surgery in the last decade."

Still, he cautioned, there are a number of unanswered questions about the procedure. For example, if the prosthesis moves, the plastic may flake off and may promote a foreign-body reaction. Also, methyl methacrylate may not be the final answer as cement.

Infants' Cardiac Defects

MELBOURNE, AUSTRALIA—About 80 to 85 per cent of all congenital cardiac defects in infants under one year of age could theoretically be improved by expertly performed and properly selected operations, it was suggested at the International Cardiology and Cardiac Surgery Conference.

Dr. Dan G. McNamara, director of pediatric cardiology at the Texas Children's Hospital, Houston, said that the outlook is contingent on accurate diagnosis of the anatomic defect and identification of the type and severity of hemodynamic dysfunction. Surgical success is also dependent on expertly administered anesthesia, he added.

The quality of early postoperative cardiac and ventilatory care can complete or prevent a successful surgical result, Dr. McNamara said.

Doubts on Vein Graft

MONTRÉAL—Enthusiasm concerning the sartorius vein graft procedure has been dimmed here by the disturbing number of occlusions and stenoses found during follow-ups at the Montreal Heart Institute.

The findings have led heart specialists at the institute to conclude that the procedure will require "extreme selection in patients" in the future.

Dr. Martial Bourassa, cardiologist, and Dr. Lucien Campeau, chief of the department of medicine, said they now feel that the aortocoronary vein bypass should be restricted to patients with incapacitating angina and with relatively poor prognosis. It should not now be used for treating heart-failure, they said, except perhaps those almost always fatal cases occurring in combination with cardiogenic shock, when it would be used as an emergency procedure.

Rejoining Severed Fingers

SYDNEY, AUSTRALIA—A plan for greater awareness among doctors of the possibilities of rejoining severed fingers was made by Dr. P. Tomlinson, of Prince of Wales Hospital.

"Hands and fingers are still being lost because hospital casualty doctors do not realize they can be saved," he said.

Dr. Tomlinson reported that he has carried out 20 successful operations of this type to date.

When diarrhea wrings the wedding belle...

It's all very well to counsel patience in diarrhea patients. There are times when relief of symptoms can't come too soon.

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Medicoeconomics

Hospital Association Votes 'Financial Requirement' Curb

Medical Tribune Report

On the one hand, the Department of the Navy tells us that, "contrary to the fears of some that computers will eventually make all our decisions for us, the Navy is taking the approach that computers can best be used as an aid to human judgment in making a complex decision." On the other, United Press International reports that "a scientist at the Massachusetts Institute of Technology believes that within eight years a machine with more intelligence than the genius level will be developed, but he wonders if man can control it."

Whether we control the machines or the machines control us, language is going to be one of the major problems of which-ever master-slave relationship develops.

Take the language used by computer people to communicate, if that's what they are doing, with one another. We have at hand a release from a California outfit touting a new storage system named Cul-Camp 1144 DSS that "is both plug-to-plug and program compatible with FASTRAND." We think that FASTRAND is a rival system, for the release goes on to say: "Users have reported gains of 100 per cent in peripheral throughput compared to FASTRAND II."

But if people are having trouble communicating with one another about machines (peripheral throughput, forsooth!), their problem is minute compared to what lies ahead for the machines when they try to communicate with one another. A veritable Tower of IBMel has already been built, and it looks as if the great computer world of the future is going to need more simultaneous translators than the U.N.

"Though Algol 60 may represent the epitome of the near-perfect programming language, PL/I ('designed by a committee, without benefit of academic insight') is emerging as the lingua franca for computers—because IBM says so," reports *New Scientist*, in a piece dealing with this very problem.

The article names six other languages already "most popular" among computer programmers: Cobol, Fortran, RPG, Basic, APL, and Algol. As far as we can make out, a Cobol-chattering computer can't relate to one that speaks Algol; indeed, *New Scientist* refers to one computer as a "Cobol-cruncher," which scarcely suggests an amicable language relationship.

PL/I a lingua franca? We have a release here from a corporation in Massachusetts bursting with excitement because it is going to help pathologists by means of a new, special computer language named LABTRAN™....

Inadequacies of retrospective reimbursement are glaringly apparent, for instance,

"The patient disclosed that she also carried half a pill in her purse, which she seldom used, but felt great security just knowing it was there. This pill was found to symbolize her illusory penis."

—Summaries of *Scientific Proceedings*, fall meeting, American Psychoanalytic Association. Only half a pill? She some kind of castrator or something?

"By the same token it is rude and insensitive to ask the type of how-come question ('How come you burned the toast?') which is both an accusation and a demand that the other person defend himself. Before asking any question one should think whether it can be answered at all or whether the one who replies will just lose face."

—Arizona Medicine. Well, how about this more impersonal question: How come that parenthesis was never closed?

Readers are invited to contribute items of 100 words or less to this column. Contributions should be mailed to MEDICAL TRIBUNE, 110 East 59th St., New York, N.Y., 10022.

The Machine

Medical Tribune Report

WASHINGTON—For the first time in its 74-year history the American Hospital Association has voted to put a ceiling on the "financial requirements" that are needed to keep hospitals in operation.

As part of a push toward a more uniform nationwide scheme of fiscal accountability in hospitals, the A.H.A. also said it will propose Federal legislation to put hospital income under the rule of state commissions, much as public utilities are regulated now.

Both of the moves brought some dissent from the 139-member House of Delegates at the association's annual meeting here, but the majority responded in accord with the "urgency" emphasized by the chairman of the A.H.A. financial council, whose report brought the mutters to a vote.

The chairman, David H. Hitt, of the Baylor University Medical Center in Dallas, Tex., said that both government and other payers of health care costs regarded it as a "blank check" with no explicit limit or ceiling on the amount of money that hospitals need to conduct the business of health care.

The "rate of return" brought several questions from delegates, including one who said he was "confused" because "a rate of return is a profit in the public utility sense. Are we saying that hospitals should have a profit?"

"No," Mr. Hitt explained; "we're saying that hospitals should have their financial requirements."

Another delegate saw ambiguity in "rate of return." Mr. Hitt pointed out that "levels of rates of return already exist in every state for public industries. We see no problem in states' arriving at a rate for the hospital industry and still allow it to attract capital funds."

A Test Of Reasonableness

The limit that the delegates ultimately approved, Mr. Hitt said, constitutes "a test of reasonableness of total financial requirements" of a hospital.

Although several rate-setting mechanisms for hospitals exist other than a state commission, he said, the "realities" include the fact that some states already are moving into hospital rate review. For instance, a voluntary board of hospital, physician, insurance, and public representatives "has appeal" as a way to establish hospital rates, Mr. Hitt believes.

But the circumstance that six states already have enacted hospital rate review laws and three more have such legislation pending is a strong indication that something more than voluntary committee control is wanted in parts of the country.

The central problem that started Mr. Hitt's council working on the financing matter two and a half years ago, he explained to the delegates, is that the growth of third-party payers—government, insurance, or whoever—in the health care system has shown a "great need for the prospective determination of hospital rates."

It is no longer feasible, he said in an interview, to rely on retrospective reimbursement to hospitals, adjusting the apportioning of the costs long after the service has been delivered.

Inadequacies of retrospective reimbursement are glaringly apparent, for instance,

in the Medicare program, he said. Some hospitals have still not closed out their accounts with the Government for 1966-67, the first year of Medicare.

The "test of reasonableness" that the delegates approved, after more discussion than was elicited by any other item on the agenda, reads like this, in part:

"To limit the total allowable financial requirements...to traditional accounting expense (excluding explicit interest), plus an over-all rate of return on total assets employed in providing institutional health care services."

Translated from accountant's language, Dr. Hitt said later, the formula means that income has to cover "everything necessary to operate a hospital," plus paying off its long-term indebtedness, plus replacing its facilities, plus keeping it in a financial shape to borrow money for necessary expansion.

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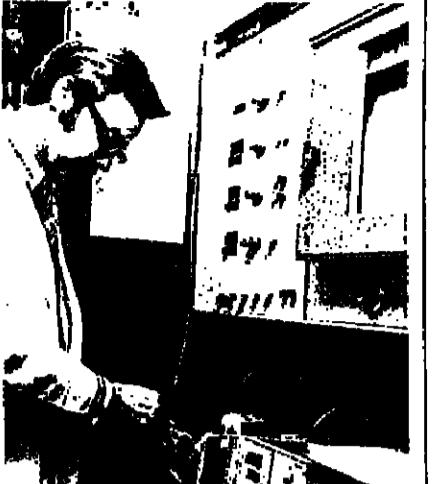
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Unwilling To Wait Longer

The urgency that Mr. Hitt attached to approval of the rate-limit and regulatory issues was explained by him as an "unwillingness" to wait until the next meeting of the delegates in six months. "The life span of Phase Two [of the Nixon administration's economic control program] and the future prospects of H.R. 1 [the successful-looking bill to revamp Medicare and Medicaid] could make six months seem like a long time," he said.

The matter of urgency was further clinched by the view of Gordon R. Cumming, California delegate from Sacramento, who thought "this action could well have been taken a couple of years ago in our own best interest." And the new A.H.A. president, Stephen M. Morris of Phoenix, who said, "We probably are two or three years late in coming forth with guidelines that give us some protection. However, there is a *quid pro quo*; we have to give something for the protection—thus the limit on financial requirements."

Immunologic Study



Immunologic studies focusing on developing agents that may be used in controlling certain allergic disorders, transplantation rejection, and cancer are being pursued by Dr. Claude Bennett, University of Alabama in Birmingham. Dr. Bennett loads samples for amino acid analysis.

A.H.A. Heads To Leadership In Health Field

Continued from page 1
National Council of Senior Citizens, acknowledged that his committee included members "occasionally critical of health care and hospitals."

The association's attitude helps make it logical that the A.H.A. should play the "leadership role in the development of national health policy," he said, because "the organized medical profession will not provide positive leadership but will continue to fight rear-guard action."

The place for physicians in all this leadership was spelled out in another report to the delegates by Dr. Thomas H. Alsworth, Jr., chairman of the A.H.A. Committee on Physicians.

"A more effective role for trustees and medical staff in the A.H.A. structure and programs...would increase the credibility of the association as a spokesman for the health care field," Dr. Alsworth said.

The participation of medical staff particularly is needed to aspire to the other goals set by the physicians' committee: (1) the formation of ambulatory care centers as an alternative to emergency departments, (2) the development of the "health maintenance organizations" that are hospital-based, and (3) the development of "quality assurance programs... to bring the mid of the office practice of medicine into the same organization structure as the hospital."

MEDICAL MEETING SCHEDULE

Domestic Meetings

- Apr. 16-20 ...Industrial Medical Association, Philadelphia
- Apr. 17-19 ...Society of Air Force Clinical Surgeons, Biloxi, Miss.
- Apr. 4-6 ...American Federation of Anatomists, Dallas, Tex.
- Apr. 6-8 ...American Association of Planned Parenthood Physicians, Detroit
- Apr. 6-9 ...American Society of Group Psychotherapy and Psychodrama, New York
- Apr. 6-12 ...American Leprosy Missions-U.S. Public Health Service Hospital, Seminar on Leprosy, Carville, La.
- Apr. 7-8 ...American Burn Association, San Francisco
- Apr. 10-14 ...Federation of the American Societies for Experimental Biology, Atlantic City, N.J.
- Apr. 13-18 ...American Dermatological Association, Dorado Beach, Puerto Rico
- Apr. 14-18 ...Allen O. Whipple Surgical Society (sponsored by the Department of Surgery, Yale University), New Haven, Conn.
- Apr. 14-16 ...American Internal Medicine, Atlantic City, N.J.
- Apr. 16-19 ...American Psychiatric Society, Boston
- Apr. 16-19 ...Non-Medical Executive Conference, Chicago
- Apr. 16-19 ...CII Memorial Hospital Spring Congress in Ophthalmology and Otolaryngology, the All-Specialties Roundtable, Inc., White Sulphur Springs
- Apr. 16-20 ...American Association of Neurological Surgeons, Boston
- Apr. 24-27 ...American Academy of Pediatrics, San Diego, Calif.
- Apr. 24-26 ...Association for Research in Vision and Ophthalmology, Sarasota, Fla.
- Apr. 26 ...Association for the Advancement of Psychiatry, New York
- Apr. 26-27 ...American Society for Hand and Neck Surgery, Palm Beach, Fla.
- Apr. 26-29 ...West Virginia Academy of Ophthalmology and Otolaryngology, White Sulphur Springs